PATENT APPLICATION FEE DETERMINATION RECO							אר	Application or Docket Number					
Effective October 1, 2003								Q77917					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER THAN OR SMALL ENTITY		
TC	OTAL CLAIMS	,	6				<u>.</u>	RATE	FEE	7	RATE	FEE	
FC)R		NUMBER	NUMBER FILED		BER EXTRA		BASIC FI		OR	BASIC FEE		
TC	OTAL CHARGEA	ABLE CLAIMS	6 - mi	6 - minus 20=		;		X\$ 9=		OR	7.0		
INE	DEPENDENT CI	LAIMS		/ _ minus 3 =				X43=		1 1	You		
MULTIPLE DEPENDENT CLAIM P			RESENT		7				<u> </u>	OR		 	
* If	the difference	e in column 1 is	less than z	ero, enter	r "0" in (column 2	' l	+145=		OR	L		
		CLAIMS AS A				,OIG		TOTAL		OR		770	
		(Column 1)	MENDE!	Colum)		(Column 3)		SMALI	L ENTITY	OR	OTHER SMALL E		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**	-Un	=		X\$ 9=	T C C		X\$18=	PEL	
MEN	Independent	*	Minus	***		=	<u> </u>	X43=		OR	X86=		
Ā	FIRST PRESE	ENTATION OF ML	JLTIPLE DE	PENDENT	CLAIM			<u> </u>	-	OR	Χ80=		
							<u> </u>	+145=		OR	+290=		
							Δ	TOTAI ADDIT. FEE		OR ,	TOTAL. ADDIT. FEE		
$\overline{}$		(Column 1)	т—	(Colum		(Column 3)	1 -			. ,			
MENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
5 I	Independent	*	Minus	***		=		X43=		OR	X86=	- 	
Ù	FIRST PHESE	NTATION OF MU	ILTIPLE DEP	PENDENT	CLAIM			+145=		OR	+290=		
							L A	TOTAL		│ _○ ┗	TOTAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)		DD11.1		•	(DDII. I		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	<u> </u>	
J K	<u> </u>	l	Minus	***		=	-	X43=			X86=		
٩	FIRST PRESE	NTATION OF MU	LTIPLE DEP	'ENDENT	CLAIM		-			OR	A00=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									1	OR	+290=		
**	f the "Highest Nurr f the "Highest Nurr	mber Previously Pai mber Previously Pai nber Previously Paid	id For" IN THIS aid For" IN THIS	S SPACE is I IS SPACE is	less than	n 20, enter "20." n 3. enter "3."	~L	TOTAL DDIT. FEE nd in the ap	L!		TOTAL ADDIT. FEE		
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FORM PTO-875 (Rev. 10/03)

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